

THE CHIRONIAN

PUBLISHED SEMI-MONTHLY BY THE STUDENTS OF THE HOMŒOPATHIC MEDICAL COLLEGE.

VOLUME III.

NEW YORK, DECEMBER 23, 1886.

NUMBER 5.

THE CHIRONIAN.

VOL. III.

DECEMBER 23, 1886.

No. 5.

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Per annum, in advance, \$1.50. Single copies, 15 cents.

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Alumni, Professors and Undergraduates are asked to contribute to our columns. All articles must be signed by the name of the writer. The editors are not responsible for opinions of contributors.

Subscriptions taken at the College. Single copies may be obtained in the "Students' Room."

All remittances by mail should be made to the Business Manager, at the College.

THE CHIRONIAN will be sent until ordered discontinued.

ON account of the change in the editorship of THE CHIRONIAN, errors may have crept into this issue which we trust our readers will overlook. We are proud of the past success of our journal and do not intend to let its fine qualities deteriorate with age. No College journal has access to better material than THE CHIRONIAN, and we take pleasure in announcing some articles of especial merit in the near future.

TO edit a journal like THE CHIRONIAN, filling its pages with readable material, arranged in attractive form and issued on time, is a work of no mean proportions; but when to this is added the task of attending five or six lectures a day and making conscientious preparation for the final examination, it becomes far from enviable.

The board of editors receive no compensation for this work, and only ask the hearty support of every student, alumnus and professor of the Col-

lege in making THE CHIRONIAN a College journal of high standard, and sustaining it as such.

Every student and alumnus should consider it his duty to subscribe for THE CHIRONIAN, not only to provide themselves with an admirable medical journal, but to show their appreciation and sympathy in the work of their Alma Mater.

WE acknowledge with gratitude the gift of one hundred dollars by David B. Dows, Esq., of this city toward the building up of our college library.

That we should be thus remembered by one not directly connected with the college nor claiming a place in the ranks of the medical profession is the more worthy of note and of our sincere thanks. A wise use of the means intrusted to us is the compensation which we hope to return to all those who kindly remember us.

OUR college library seems to be an assured success, now that the Hahnemannian Society has taken the matter in hand. Books and contributions begin to come in; and if the work so bravely started is pushed with zeal, we shall soon have a collection of books, invaluable to the students, and the pride of the college.

Do n't hesitate about sending books, fearing that others may duplicate them.

Duplicates of text books will be of especial value. Publishers and authors can get no *cheaper* nor *better* advertising than by sending copies of their publications to the Hahnemannian Library of the New York Homœopathic Medical College.

A PRETTY fair work on homœopathic therapeutics must be Dr. Lauder Brunton's late work on "Therapeutics and Pharmacology." Dr. Pope, of England, claims that sixty per cent. of the therapeutic hints con-

tained in this work are derived from the results of homœopathic experience. We have not seen the work, but conclude that the public are to be congratulated upon the introduction into the "old school" of successful methods.

Hypertrophic Elongation of the Cervix and Prolapsus in the Same Individual.

PROF. WM. O. MCDONALD, M.D.

GENTLEMEN—The patient upon the table is a woman fifty years old who has had two children, eight and six years of age respectively, no miscarriages, and who has passed through the menopause, the menstrual function having ceased one year ago.

What I wish you to observe specially is, that there is a tumor protruding from the vulvar fissure, and that at the lower end of this mass a trumpet-shaped aperture is evident.

Now, as I do not wish to detain the woman, I will let her depart, and then will give you more of the items in regard to her case.

The lower end of the mass is four inches below the meatus urinarius. Upon passing a soft bougie through the urethra into the bladder, I find that the bladder extends to within three-fourths of an inch of the os tincae.

When a probe was passed into the cervical canal, it went in five and a quarter inches before it reached the fundus. A rigid sound went the same distance into the canal; and upon making traction in the cervix with a pair of hooks, it was seen that the parts were not extensible, as the sound was not sunk any further.

The mass could be reduced very readily, and putting the patient in the lithotomy position, this was done, and the sound again passed.

Now it was found that the depth of the canal had decreased to four and a half inches.

Before the reduction took place no vaginal canal could be obtained by the finger; the vagina was completely inverted, and it constituted the covering of the mass.

Before reduction there was no trace of the

body of the uterus in the pelvis. After reduction the body could be felt by the finger in the vagina, lying in the axis of the inlet on the anterior vaginal wall, and it appeared to be normal in size and density.

The finger in the rectum showed that there was no change in the location of any part of this organ; rectocele was absent.

The use of the soft bougie referred to demonstrated that the bladder lay entirely beneath the anterior vaginal wall and below the meatus urinarius, when the tumor was down.

What have we, then, in this case? First, a tumor projecting from the vagina; now such tumor may be due to any one of a great many conditions:

To inversion of the uterus; to tumor of uterine, cervical or vaginal origin.

These can all be set aside readily, for we have here the os tincae, the entrance to the cervical canal, at the lowest part.

Such a tumor may be due to either prolapse of the uterus or to elongation of the cervix. In many of the text books these are referred to as being somewhat analogous affections, but in my opinion they should be sharply separated from each other as a matter of diagnosis. Essentially they are very different. In prolapsus the whole uterus occupies permanently a location which is two, three, four, five or even six inches lower than is normal. In elongation of the cervix, the cervix goes down from two to three inches, but the fundus remains at its proper level and in its normal relations to the roof of the pelvis; prolapsus depends in a relaxation of the pelvis roof, and, as it is well put by Hart and Barbour, prolapsus consists in a hernia. Elongation of the cervix depends on a relaxed condition of the cervix and at times, according to Emmet, of the body of the uterus also, but the roof of the pelvis is not effected, and there is nothing that can fairly be likened to a hernial protrusion.

Dr. Macy sent this woman to me as a case of prolapsus. I was inclined to think it was one of elongation, neither of us having examined her exhaustively.

In order to determine the existence of pro-

lapsus, you must find that the organ as a whole, both ends of it are permanently lower than is normal.

The position of the cervical extremity is plain enough in any case and we ascertain the location of the fundal end by the use of the probe; with this instrument we got a depth of five and a quarter inches; this was verified by the sound. Traction being made in the cervix, with the sound in position, showed that it was not one of those extensible organs referred to by Emmet, which can be drawn out to six, seven, eight or more inches. But a depth of five and a quarter inches, when the os tincae is four inches below the meatus urinarius, will not bring the fundus up to anything like its proper level in the pelvis.

Consequently we are obliged to recognize the fact, that while we have an organ that is two and three-quarter inches too long, it has also a fundus that is much below its proper level; in other words, we have an elongation as well as a prolapsus, or better perhaps, a prolapsed and elongated uterus.

Perhaps some one will say this is a case of prolapsus originally, and the greater depth of the canal is due to a hypertrophy, the result of the displacement. In answer to this, such increase of bulk as results from prolapsus is general and symmetrical, affecting all parts and increasing all the diameters, and the depth of the canal very rarely goes much above three inches. Also by the digital examination I found that the body of the uterus did not vary much from the normal. So that it appears that such increase as does exist concerns almost solely the long diameter.

What else have we ascertained?

You saw that the os tincae was trumpet-shaped, deeper, that it presented a transverse slit. I could by the use of a couple of hooks roll in a lot of what seemed like vaginal surfaces to form what was evidently a cervix split in the transverse diameter to the vaginal junction.

Then we saw that the vagina was inverted and that it covered the mass.

The cervix, having reference to elongation,

has been divided into three parts, the vaginal or the portion below the attachment to the anterior vaginal wall, the supra-vaginal or the portion above the attachment to the posterior vaginal wall, and the median or that which lies between.

Elongation of the vaginal portion disturbs nothing else.

Elongation of the median portion will bring the bladder with it, as well as the anterior vaginal wall.

Elongation of the supra-vaginal portion will bring the bladder and both of the vaginal walls, and also, though it cannot safely be demonstrated in the living, the cul-de-sac of Douglass.

The French refer to what they call the "suspensory ring of Aran"; it may be defined as being the connective tissue surrounding and continuous with that part of the cervix which is to be found below the peritoneum and above the vagina.

You will perhaps observe that this does not vary greatly from what I have told you the Germans speak of as the "parametran tissue."

The French hold that in elongation the parts of the cervix not in the grasp of Aran's ring are the portions that become stretched. Emmet, on the other hand, holds that in some cases the stretching process affects the body as well. In our case, then, we have first a prolapsed uterus; then we have elongation of the organ from a depth of canal of two and a half inches to four and a half inches when reduced, to five and a quarter when prolapsed. We have also a lacerated and everted cervix, an inverted vagina, a cystocele, a descent of the cul-de-sac of Douglass, or, to be more comprehensive, a hernia of the roof of the pelvis and of the intestinal organs superimposed.

It will be somewhat interesting to speculate a little as to the mode of production of all these lesions. Primarily this woman's condition could hardly arise except as a sequence of childbirth. Given a lacerated cervix, the rent going to the vaginal junction and the state of subinvolution that coincides, and it will in my opinion be easy to account for everything but the elongation.

The split cervix loosens the hold of the roof

of the pelvis on the cervix. The increase of weight which belongs to subinvolution will favor a departure from the normal position. Once that the departure is made in a backward direction there will be but very little tendency on the part of the uterus to return to its former relations; retroversion is a result. Once that the retroversion is permanent, adhesion being absent, the inevitable drift, with a person who stands or walks much, is towards descent. And the descending uterus takes with it the vagina, the bladder and the cul-de-sac.

But in this case I am of the opinion that the elongation preceded the descent, but as to what caused the elongation I must own that I am astray.

The subject of elongation of the cervix has been referred to by many authors, and curious discrepancies occur. The actual existence of the aberration has been denied by one; by another all cases with cervix external are held to be elongation pure and simple.

The affection is generally spoken of as hypertrophic, and this peculiarity is denied an existence by a few. In fact, Klob, Emmet and others refer to it as being the result of atrophic action.

I am convinced that there is a great deal still unknown about the affection, speaking of it in a wide sense.

Elongation of the vaginal portion, generally occurring in those who have not borne children, I have seen.

One of the first cases noted by us in the dispensary was one in which, to use the words of the attending physician, a Cutter's pessary did not retain a prolapsed uterus. He had applied this instrument in a case where the elongation affected the median part of the cervix. The pessary kept the posterior cul-de-sac of the vagina in its relative position perfectly, but the cervix went to the vaginal aperture all the same.

As to treatment, what can we do here?

Most of the text books refer to amputation as the remedy for elongation. And it was not until both bladder and cul-de-sac had been repeatedly opened that the process was even modified.

Hugnier advises and practices what he calls a conical amputation, the base of the cone being at the lower end of the cervix. Others cut off the redundant lips. All these are dangerous alike in my opinion.

Our case is one of hypertrophic elongation of the supra-vaginal cervix, and I am not able to offer any suggestion as to the method of cure for this hypertrophy.

Consequently I will make no direct attack upon that part of our patient's deformity.

Now, gentlemen, after the lapse of some weeks I return to this case and I have to report that I have performed two operations for her relief. The torn cervix has been repaired by the denudation and approximation of wide surfaces on what were formerly the anterior and posterior cervical lips. The sutures used were silkworm gut. Then at the same session I also denuded and sutured surfaces of some one inch wide by perhaps two and a half long on the anterior and posterior vaginal walls, the raw surface on the anterior vaginal wall being applied to the raw surface on the posterior wall, and secured by sutures of whale sinew.

These procedures were done over a week ago, and on inspection I find that at its lower part union of the vaginal walls appears to be perfect. I omitted to mention that the condition of the approximated surfaces higher up in the canal cannot be ascertained for some little time yet on account of the frailness of the adhesions.

The result of this vaginal operation is, of course, linear union of the vaginal walls with a passage left on each side, a sort of an artificial double vagina.

As an additional security I propose to diminish the vaginal aperture from within.

This linear agglutination of the vaginal walls was first projected, performed and published by Gegenbauer of St. Petersburg.

Later, a proceeding almost exactly similar in all its details was invented by La Foil of France.

But clearly enough, if any man's name is to be applied to it, Gegenbauer is entitled to the distinction.

Is it needful for me to say that Gegenbauer's operation is not to be practiced in any case

where the individual expects to make use of her vagina?

The result of the operation on the function of copulation should always be clearly explained to the patient beforehand.

You will recall that I explored the bladder with a soft bougie. No rigid instrument could possibly give me the information obtained by the use of this soft one; the rigid tool cannot accommodate itself to the soft parts, and no matter what its angle may be no stiff sound could have been used in this case which would not have deformed the relations of the parts in which I was interested, whereas the soft bougie passed in far, rolled itself up and one loop of it settled down into the lower part of the bladder and gave a very definite and satisfactory definition of its extent and location.

But the end of this case is not yet, and I propose to keep you informed as to the late results. That which I have attempted to do is to cure the injury to the cervix, but mainly to cure the prolapsus. The elongation I have not attacked, and we have here, as far as we know, a uterus tucked up in the pelvis, with a depth of canal of four and a half inches.

Thus far, to my knowledge, no efficient remedy has been proposed or practiced for hypertrophic elongation of the supra-vaginal part of the cervix.

Amputation I reject. It would be almost as appropriate to excise the vaginal walls as it would be to cut off cervical tissues.

I have an impression that the tear of the cervix preceded the elongation, and that the two stand in the relation of cause and effect. And if the repair of this tear does not remedy it, I am in want of a remedy for it.

Echoes from the Class-room.

A PREPARATION from an *infusion* of the leaves of *digitalis* will benefit in albuminuria where the tinctures or attenuations have failed.

A successful result is claimed in a case of menorrhagia in which the flow occurred at 4 P. M. in profuse gushes, *Lycopodium* being pre-

scribed on the basis of its time of aggravation, although the drug possesses no symptoms of note in this region. One dose a day was prescribed.

In *acute laryngitis* with history of violent cold, much infiltration, loss of voice, cough with no sound, Gum Benzoin is a frequent prescription with me.

Kali bichrom is suitable for many conditions of the eye *without photophobia*. The inflammations of the eye in which this drug is indicated are *severe in appearance*, but there is a *sluggish, torpid* condition.

This form of potash is most similar to the action of the syphilitic poison in respect to ulcerations, and when indicated in syphilis acts more deeply and thoroughly than Kali iod.

I have not much confidence in the "florid complexion" indication for Kali bichrom.

This remedy has been too much used in *diphtheria*. Its ulcerations are too deep, and it is not similar to the blood dyscrasia.

T. F. ALLEN.

American Society of Rational Practitioners.

THIRTEENTH ANNUAL SESSION, HELD NOVEMBER, 1886.

SECOND DAY—MORNING SESSION.

REPORTED BY WILLIAM OSBURY, M.D.

DR. G. DOLINGS-WEEDLE reported three cases, which had occurred in his practice during the past twelve months, to illustrate the value of counter-irritation. He thought that the members of the medical profession to-day, in giving so much attention to the hunting of microbes and such new practices, were liable to forget or ignore certain methods which were sanctioned by time as useful and indispensable. It was a truth not to be hidden that sometimes patients were carelessly handled while the physician in whom they had placed confidence had his head full of brilliant theories and investigations.

Counter-irritation was one of the good old things which were altogether too much neg-

lected at this day. There was no reason why this peculiar form of treatment should fail to give the relief it did at an earlier date in the history of medicine, except the bad reason that our present generation of physicians did not push it far enough to get proper effects. The trouble was with the doctors, not with the measure.

CASE 1.—A young man of good general health was taken with a neuralgia one night in bed. The pain began in the second toe of the left foot and before morning it was so intense that the doctor was called in. He found the young man in violent agitation and demanding instant relief. The friends of the patient had placed the foot in hot water and tried various other means to quiet him, all of which had no effect except to aggravate matters.

On examination nothing was to be seen which could indicate disease. There was no swelling nor bruise nor appearance of inflammation. The patient had received no injury that he could recollect. Yet the agony was acute from the toe up beyond the knee. Indeed, it was hard to place a finger on any point of the left side which did not seem to be sensitive.

He immediately gave the patient a hypodermic injection of morphine (half a grain). But it had absolutely no effect in half an hour. If an electric battery had been within reach he should have used it; but not having one he decided to try other means.

An attendant was sent to procure a few sheets of rough sand-paper and one ounce of Croton oil. The clothing of the patient was removed from his back and he was turned over, so as to lie face down. The doctor then took the sand-paper and by strong and rapid rubbing succeeded in a short time in removing every particle of the epidermis from the whole width of the back, and from the upper borders of the trapezii to the lumbar region. Over this raw surface the Croton oil was then applied with a brush carefully and copiously.

The doctor would never forget what he then saw take place. He had seen cases of mania in which persons were violent and noisy, but never before nor since that night had he seen

such an exhibition of frantic fury. No sooner had the Croton oil been laid on than the man began a succession of yells. Then he sprang on all fours, and in this position leaped up into the air some twenty or thirty times with incredible rapidity, always, however, descending into the bed on all fours. At length he got off the bed and flung himself about the room. Finally the doctor and others secured the patient and replaced him in bed, where he was held down by sheer force for twenty-four hours. At the end of this time injections of morphine were freely used until the patient obtained repose.

From the moment the Croton oil was used the neuralgia was gone, and it has never been felt since.

CASE 2 was a hysterical young woman who had cramps in the flexor muscles of the right arm and forearm. At first the muscular spasms were short, and only occurred at long intervals. Gradually the intervals became less and the duration of the contractions longer. There was terrible pain with each cramp from the first.

The doctor had known this lady for some years, during which time it had been necessary for him to treat her for hysteria four or five times. But the contractions of the muscles to which he referred had not come on in previous attacks.

For her relief he had tried rubbing, warm applications and electricity before resorting to counter-irritation, but had found these things of little service. He then had the following prescription put up for her :

R

Tr. Aconit.
Tr. Belladon.
Tr. Verate Virid.
Tr. Ignat. Amar., ā.ā. ℥ ij.
Tr. Asafœtid, ℥ iij.
Tr. Opii.
Tr. Valerian.
Tr. Cannab. Ind.
Tr. Gelsemin, ā.ā. ℥ iv.
Tr. Hyoscyam.
Tr. Cinchon., ā.ā. ℥ vj.
Sodæ Bromid.
Potass. Bromid., ā.ā. ℥ j.

Chloral Hydrat., $\frac{3}{4}$ ij.

Spir. Arom. Ammon., $\frac{3}{4}$ iv.

Syrup Simp., $\frac{3}{4}$ viij.

Aquæ, oj.

A tumblerful was taken every three hours.

This elegant preparation was one which the doctor recommended from repeated experiences as the best he had ever known to subdue pain and nervous excitement, especially in hysterical patients. But in the case of the young lady under consideration it had no effect whatever. The cramps continued and so did the pain for thirty hours and more after she began using it. Then the doctor determined to fall back on counter-irritation.

He used the sandpaper as in the former case over the right shoulder, under the axilla and over the biceps of the affected arm. The Croton oil was then put on and the patient held down in bed. Even under these circumstances the spasms continued, and the doctor thought proper to consult with another physician. He called in Professor Thos. F. Doodivil, who endorsed the treatment, and advised that counter-irritation be further applied over the patient's abdomen. This was accordingly done, and the previous medicine continued every two hours. In about eight hours after the abdominal application the doctor had the satisfaction to know that he had conquered the disease, for the spasms entirely relaxed, and the patient fell into a profound slumber.

CASE 3.—This little patient was between three and four years of age. He was well nourished and apparently healthy, but for a year or more had been suffering from frequent attacks of earache. The parents being wealthy, had not only consulted the family physician, but had taken the child to more than one specialist.

The doctor first saw this boy when he had one of his worst attacks. Fomentations and many other applications were tried for two days, during which the patient became worse every hour. He had then tried leeches, of which thirty-one were placed over and around the mastoid process. There was slight temporary relief after the leeching, but within a few hours the pain returned, and was unbearable.

As a last resort counter-irritation was tried. The boy's head was shaved, and with the neck, thoroughly sand-papered. Instead of Croton oil, in this case, the doctor had procured a small bellows and blown pulverized Cayenne pepper all over the raw parts. As usual, the application had hardly been made before the original pain was quite forgotten and lost, the artificial pain, so to speak, demanding greater attention. The powdered pepper in this case was found to have a very fine effect and left nothing to be desired.

The child was compelled to stay in bed, lying on his side, and after the remedy had acted for a time, the same prescription given in Case 2 was administered, though in half the dose. Under the influence of the drugs the child slept peacefully.

It was too soon to speak of the result of this treatment in Case 3, as sufficient time had not elapsed to enable him to be positive.

Dr. Dolings-Weedle wished to impress the following points:

A. Counter-irritation was an excellent method of treatment in proper cases, and if carried far enough.

B. It may be used with the young as well as with adults.

C. The substances which produce the greatest and the quickest irritation were the best to use.

D. The use of sandpaper or something to act like it, as a preliminary, was an excellent proceeding; and for the introduction of the same he desired before the Society to claim priority.

An interesting discussion followed, and the Society adjourned till evening.

The report will be continued.

ACCORDING to *Good Health* experiments have shown that even so small a quantity of vinegar as one part in 5,000 appreciably diminishes the action of saliva upon starch. One part in 1,000 renders it very slow, and twice the latter quantity arrests it altogether.

The effect of combining vinegar with farinaceous foods is thus rendered obvious so far as the action of the saliva is concerned.

Before and After Treatment.

"You know how it is yourselves."—JOB.

VERY ILL.

NAME, oh, doctor! name your fee!
 Ask—I'll pay whate'er it be!
 Skill like yours I know comes high,
 Only do not let me die!
 Get me out of this and I
 Cash will ante, instantly!

CONVALESCENT.

Cut, oh, doctor! cut that fee!
 Cut, or not a dime from me!
 I am not a millionaire,
 But I'll do whatever's square,
 Only make a bill that's fair
 And I'll settle presently.

WELL.

Book, oh, doctor! book your fee!
 Charge—I'll pay it futrely,
 When the crops all by are laid,
 When every other bill is paid,
 (Or when of death again afraid),
 I'll pay it—grudgingly.

—F. L. J., in *St. Louis Med. and Surg. Journal*.

Double Amputation of the Leg.

REPORTED BY WM. TOD HELMUTH, JR., '87.

J. R. applied for admission to the Hahnemann Hospital Nov. 29, 1886. He had received an injury to the right leg while playing ball; shortly after a tumor appeared on the outer side of the leg, midway between the head of the tibia and external malleolus. This swelling was smooth, elastic, and presented some indications of fluctuation, and was overlaid with enlarged superficial veins. The diagnosis was obscure, and Prof. Helmuth had made an exploratory incision to ascertain the nature of the disease. The knife, after having passed down half an inch, entered a cavity from which was scooped a considerable quantity of broken down granulation tissue, and what appeared to be laminated fibrin, such as is found in the circumference of large aneurisms. The diagnosis was still uncertain, and the wound was closed. High temperature, sweat, pain, diarrhoea, and rapid enlargement of the growth followed; and the boy pre-

sented such evident septicæmic symptoms that it was decided to amputate the leg at its upper third. In the presence of ten or a dozen members of the graduating class the leg was removed by the circular method. An Esmarch's bandage beginning at the toes was wrapped tightly around the leg until the tumor was reached, it was then loosely brought over the swelling and again made to tightly encircle the limb to a point above the popliteal space; then it was made fast in the usual way and the lower turns removed. The parts being sponged and irrigated with a solution of Cor. Sub. 1-1,000, and all antiseptic precautions being taken in regard to the instruments and room, the circular amputation was made, a small-sized, double-edged catlin being used. As soon as the bone was reached the retractor was placed around it, but in sawing through the shaft of the tibia it was found to be so much diseased that it was thought advisable to re-amputate or disarticulate the leg at the knee joint. The skin and muscle which had been dissected up to form the flaps of the first amputation were then simply slit to the condyles on each side, the knee flexed, and the ligamentum patella, followed by the capsular and crucial ligaments, divided. The arteries were caught, drawn out and tied with carbolyzed catgut, care being taken to separate the nerve from the anterior tibial artery, which lies in close proximity to it. Slight oozing followed the removal of the Esmarch, which soon ceased. The flaps were now drawn into apposition and made fast by button sutures; drainage tubes were placed in the wound and a second row of deep silk sutures were applied; the edges of the flaps were drawn into close apposition and held in place by a continuous suture running through the whole length of the wound. A dressing of Cor. Sub. gauze was applied, and over this a Cor. Sub. gauze bandage. On the third day after the operation a stain appeared on the dressing; it was removed, and it was found that the anterior flap had become gangrenous up to the button sutures, while the posterior remained in a perfectly healthy condition. The stitches were immediately cut out, the clamps

removed, and the gangrenous portion of the flaps cut away with the scissors. The posterior flap, which had been made long, was brought up, and fortunately found sufficient to cover the condyles. The wound was again irrigated, its lips brought into position with strips of adhesive plaster, the whole stump sprinkled with iodoform and covered with antiseptic gauze. From this period the case progressed favorably, the temp. and pulse decreased, the appetite returned and the boy was sent home Sunday, December 5th. Unfortunately, however, a secondary growth is now appearing on the seventh rib. Upon an examination of the amputated leg by Dr. F. S. Fulton, the disease was found to be a round celled sarcoma, having its primary origin in the shaft of the fibula.

Editors CHIRONIAN :

THE incident of which I shall write occurred a short time since and is as ridiculous as it is amusing.

I think I am the first physician to report anything of this sort.

I was attending a case of typhoid pneumonia, and as the patient was not progressing to the satisfaction of her Hibernian relatives, an old-school physician was called in my place.

The patient died, and the allopath, who is regarded here as the sole epitome and fountain head of medical learning, in the wisdom of mind and generosity of heart to our school, made out the certificate as the cause of death "*a course of homœopathic medicine.*"

Our worthy village undertaker, as he read the certificate, doubtless scratched his head in perplexity, and seeing the word "*homœopathic*" upon the paper before him referred the matter to me for solution, I being the only homœopath in the village and his family physician.

I assured him that what he read was no new nor dread disease, neither contagious nor infectious, but simply a specimen of rustic wit (?) indulged in by my colleague of the opposite school.

You have all heard, many, many times, of the hundreds of children who have swallowed whole cases of homœopathic pills at a single sitting,

with no injury at all to them; and also of the rooster who daily used to gobble up a neighboring homœopathic doctor's pills as he laid them behind his house to dry; but a strong, able-bodied woman dying from "*a course of homœopathic medicine,*" as the street arabs would say, *takes the biscuit.*

Truly, "consistency, thou art a jewel."

My old-school friend admits that homœopathic medicine has the power to *kill* (?), and I sincerely trust he may yet acknowledge that this same homœopathic medicine, which he so thoroughly despises, has the power to *cure* as well as *kill* (?)

As it is, we have made quite a jump.

First, it was that a child could swallow barrels of homœopathic pills with impunity; now, a few doses of homœopathic medicine can kill a strong, able-bodied woman.

We must rest content. Fortune's wheel must revolve. There is only one thing left for our old-school brethren to say, which they will eventually *have* to say, gulping it down as a bitter pill—*homœopathy cures!*

AN '85 EX-EDITOR.

ACCORDING to M. Lafarge, of Paris, the active principle of cod liver oil (Morrh-nol.) constitutes from 1½ to 6 per cent. of the oil.

It is said also to contain twelve times as much iodine, bromine and phosphorus as the original oil.

There are those who believe the beneficial effect of cod liver oil to be due mainly to the iodine, bromine and phosphorus which it contains.

YES, the tradition of college is good-fellowship, but good-fellowship in an intellectual air and amid scholarly associates.

To cherish it is to remember not only that you are a member of that fraternity, that you wear its blue or red ribbon, its collar or cross, its star or garter, but that it lays an obligation upon you—an obligation of honor not to be shaken off.

GEORGE WILLIAM CURTIS.

Ptomaines.

THE ptomaine question is assuming importance. Ptomaines are cadaveric alkaloids—the results of putrefaction—and fish and meat poisonings are common, especially among users of canned goods. The food may be perfectly good when the can is opened, but after a can is opened a ptomaine may develop in a short time and render the food poisonous. These alkaloids were discovered by Armand Gautier in 1870, and also by Selmi, just after, and are treated of in Dr. Clifford Mitchell's new book, "The Physician's Chemistry." Gautier lately claimed that these bodies are constantly being formed in life, and that their non-elimination, or non-oxidation, is the cause of many diseases—thus opening up a new pathology, as well as dealing the so-called germ theory the severest blow it has yet received. Gautier's remarkable communication regarding ptomaines and leucomaines, made January 12, 1886, to the French Academy of Medicine (see "Archives Generales des Medicines, No. 2, 1886), takes the ground that these by-products of normal vital action came through a putrefactive rather than combusive process, and says: "There would be a continual auto-infection from them if the skin, kidneys, bowels, and lungs did not act freely, and if the oxygen of the blood, which is their great enemy, were not continually supplied to the tissues." (This matter formed the subject of an editorial in the New York "Medical Record," April 8, 1886, p. 392.) In July, 1884, I advanced the idea that many cases of peritonitis, septicæmia, puerperal fever, and analogous troubles were caused by ptomaines. (Indianapolis *News*, July 14, 1884.) The fatal tyrotoxin from cheese, milk, picnic ice-cream, is first cousin and is being watched.—*Med. Current.*

WELL ACQUAINTED.—Boarder (just entered): Why, hello Oscar, thought I heard you talking to some one as I came in.

Oscar: So I was talking; just saying "Good morning" to these fish balls; had the same ones every morning for a week.—*Tid-Bits.*

Societies.

THIRTY-SECOND regular and fourth annual meeting of the New York Society for Medico-Scientific Investigation, 201 East Twenty-third street. Meeting called to order with Vice-President in the chair.

Drs. C. T. Ring and J. L. Daniels were nominated for active membership, and Dr. S. H. Knight was elected active member.

The election of officers resulted as follows:

President, Dr. W. Y. COWL.

Vice-President, Dr. W. E. ROUNDS.

Secretary, Dr. M. LEAL.

Treasurer, Dr. C. S. MACY.

Executive Committee.

Dr. A. B. NORTON, Chairman.

Dr. C. W. CORNELL and Dr. T. O. WILLIAMS.

Librarian, Dr. A. W. PALMER.

Curator, Dr. W. H. KING.

Librarian, Treasurer and Secretary reported.

After this, Dr. Martin Deschere read a paper on Enuresis, followed with discussions by Drs. McBride, Rounds, Shelton, Boyle, Palmer, Warner, Macy, King, Cornell and Sear.

Dr. Norton moved a vote of thanks to Dr. Deschere for his paper.

Dr. Palmer then read the history of a case and presented the heart, which showed a persistent foramen ovale. The discussion was entered into by Drs. Blackman, Howard and Cornell.

THE regular December meeting of the Hahnemannian Society was held at the usual place on Wednesday evening, December 10th.

Meeting was called to order at eight P. M., President Watts in the chair.

Several new members were admitted, after which the minutes of the last meeting were read and approved.

Then followed:

Song by the Quartette.

Debate. "Resolved, That for the general practitioner high potencies are more efficacious than the low." Wiggins, '88, affirmative; McGeary, '88, negative.

After the principal disputants had spoken, the question was quite generally discussed by many of the gentlemen present, but no decision arrived at.

Banjo selections by R. Jenkins, '87.

Recitation by. J. I. Kastendeik.

Song by the Quartette.

The President then read a letter from W. T. Helmuth, Jr., resigning the office of Secretary of the Society. After some discussion a motion to accept the resignation with regrets was carried.

The Society proceeded to ballot for a new Secretary. Out of the sixty-four votes cast, C. A. Ward, '87, received fifty-seven and was declared elected.

The classes then proceeded to elect quiz masters for the ensuing month with the following result: Senior Class quiz masters reelected in a body. Junior and Middle Class quiz masters were reelected in a body, except Wilcox in chemistry, whose place was supplied by Harde.

W. W. Johnson, '87, chairman of the Library Committee, read and recommended the adoption of the following resolutions:

Resolved, That the library be a college library, but under the control of the Hahnemannian Society.

That the members of the Hahnemannian Society have the use of the library free, and that students of the college be entitled to the same privileges by paying fifty cents a year.

That the library be for reference only; no books to be taken from the building.

A motion to adopt the resolutions as read was carried.

A vote of thanks was tendered Mr. Paul Allen, '89, for his very efficient work on the library committee, and a copy of the motion ordered to be handed to Mr. Allen.

The motion, "That each student pay to the society the sum of fifty cents a year as fees, and that all money above the sum of fifty cents received from each student go to the library fund," being an amendment to the constitution, was laid on the table for consideration at the next meeting.

A vote of thanks was tendered the gentlemen

who took part in carrying out the evening's programme.

The committee on Prof. Helmuth's Sunday lecture reported that Prof. Helmuth would deliver a Sunday lecture to the students some time during the winter.

The committee was discharged with the thanks of the society.

The treasurer's report was then read and accepted.

A motion was made that Messrs. Jacobus, Baker and Tuttle act as solicitors to the library fund from their respective class, which was carried.

Then followed the informal reading of the minutes, roll call, song by the Glee Club and adjournment.

WM. H. VAN DENBURG,
Secretary pro tem.

AT the last meeting of the New York County Homœopathic Medical Society the following officers were elected for the ensuing year:

President, CLARENCE E. BEEBE.

Vice-President, F. H. BOYNTON.

Secretary, A. B. NORTON.

Treasurer, S. H. VEHS�AGE.

Librarian, CHARLES McDOWELL.

Censors.

MALCOLM LEAL,	GEO. M. DILLOW,
F. E. DOUGHTY,	H. M. DEARBORN.
S. F. WILCOX,	

IT is said that Phosphorus-necrosis of the lower jaw is becoming quite common in England in consequence of the popular self prescription of phosphorus as a brain renovator.

DISTILLED water strongly charged with pure oxygen is the now "popular and mildly exhilarating" beverage in the principal hotels and restaurants of Paris—at the suggestion of Dr. Du Jardin-Beaumetz. We would be very thankful if some good doctor would introduce into American hotels and society generally some good beverage which "cheers but does not inebriate."

Ovariectomy.

REPORTED BY C. A. WARD, '87.

THOSE students who were fortunate enough, through the courtesy of Prof. Doughty, to be present at the Hahnemannian Hospital Dec. 4th, witnessed an operation which they will not soon forget. It was for the removal of a large ovarian tumor. The operation was replete with useful and practical knowledge, Prof. D. being willing and glad to answer any and all questions propounded by the students. He explained each and every step and gave the reasons. Such information teaches a student that which will be useful to him in after life, for it is so impressed upon and explained to him, that, should he be called upon to perform a similar operation, he will look back to this as one from which he received invaluable knowledge. It is by such means that a professor shows himself to be a true teacher in the fullest sense of the word.

Prof. D. was ably assisted by Drs. F. S. Fulton and P. R. Watts. Dr. Fulton was very courteous and evidently has not forgotten that he was once a student.

The patient, Miss Christina J.—, *at.* 26 years. Native, Sweden. Had always enjoyed good health until last March, when, with no assignable cause, her menses ceased, but the pain which accompanied the periods returned at the accustomed time. With the cessation of the flow the abdomen began to enlarge uniformly, until it reached quite a size. From this time until the operation there was considerable pain in the uterine and abdominal regions, especially in the right hypochondrium.

She was put under treatment for a month, and at her accustomed menstrual epoch had a slight flow. The abdominal enlargement then disappearing, she detected, for the first time, a tumor the size of an orange in her left (?) side. This tumor continued to grow, until by September it occupied the entire abdominal cavity. Prof. Doughty first saw her in November and diagnosed ovarian growth, which diagnosis was subsequently confirmed by Prof. Dillow, he having made a microscopical examination of some of

the fluid withdrawn by means of a hypodermic syringe. After she was anæsthetized, Prof. D. made an examination *per vaginam*, and found the uterus greatly anteverted and its cavity measuring three inches. The abdomen was then carefully cleansed, shaved, and ether and iodoform poured over and rubbed in thoroughly. The parietes of the abdomen were cut through, the bleeding points secured and ligated with catgut; the tumor then came into view, was tapped and ten quarts of fluid withdrawn. The tumor was multiple-cystic. Some of the cysts contained serum, some had a colloid substance within their walls, and others held a semi-purulent fluid and a cheesy substance. The latter cysts had a vascular papillary growth. The tumor complete weighed twenty-five pounds; it had its origin in right ovary and embraced the fallopian tube and broad ligament of that side. It was adherent to the anterior abdominal and the pelvic walls, also to the uterus and rectum. These adhesions were young and quite vascular, except at a point in the right hypochondrium, where one of the sacs was ruptured in trying to break down the adhesions.

After breaking down the adhesions with a sound, the tumor was turned out and the pedicle, being tied with Staffordshire knot, was cut and cauterized. The abdominal cavity was thoroughly dried, and the wound closed by silver-wire and catgut sutures; dressings were then applied and the patient gotten to bed as quickly as possible; hot bottles were placed around her, for she had suffered severely from shock, which necessitated hypodermic injections of brandy while on the table. Most thorough antiseptic precautions were used throughout. At twelve o'clock that night her temperature was 101½°, pulse, 100. Sunday, temperature 100°, pulse 94. Monday (the 3d day), temperature was 99½°, pulse 86.

From this time her temperature was normal, and not an untoward symptom arose. On the eighth day the dressings and sutures were removed, and the wound had perfectly healed by first intention.

She received a few doses of *Hypericum*, and on the fourth day an enema to move the bowels.

Cases from Practice.

CASE 1.—Miss —, aged forty; suffering from rheumatic pains in hips and back; worse at night; very restless and cannot sleep on account of the pains; must keep changing position. Is very stiff in the morning; but both the stiffness and pains wear off somewhat during the day. Prescribed Rhus 2x. She took the medicine but once and has never felt a pain since. Morphine would have stopped the pain, probably, for the night or a part of it, and after suffering nausea, etc., next day would have had a return of the pain, restlessness and sleeplessness the next night. Rhus relieved the pain just as quickly as the morphine *could* have done, and not only *relieved* the pain, but cured the case, and that permanently.

CASE 2.—A laboring man had a pain in the side just above the hips and in the back, lumbar region. Had been strained years before, and his work being that of constant lifting, he was constantly lame. Symptoms were worse in the morning and somewhat relieved by constant motion. Had taken allopathic medicine, bathed and worn plasters for years. Prescribed Rhus 2x, to be taken one drop three times a day. He took the medicine about a week, and stopped because he was well. He has kept on with the same kind of work, but has had no return of the trouble, now four months.

CASE 3.—A lady recently confined had a constant lameness in the dorsal region. She could say nothing more about it than that when the baby nursed a pain would go straight from the nipple through to the corresponding scapula. Prescribed on this single symptom *Crot. h.* 2x on pills. The pain, backache and all bad feelings disappeared, and she "had not felt so well for a long time," and remains well. This case is peculiar on account of the drug doing so well, being prescribed on a single symptom.

CASE 4.—A lady pregnant four months suffered from intense cutting pains in the abdominal muscles, which were greatly aggravated by motion; had no other symptoms. *Bry.* 2x cured in one day. As the abdomen continued to expand and the pains came on again, *Bry.*

2x again relieved. This is a case where the allopath would probably try his morphine.

CASE 5.—A lady had not menstruated for two months, was constantly nauseated, especially after eating; constipated, with frequent ineffectual urging. Had sudden faint spells frequently. Had taken old-school drugs with only aggravation. *Nux* 3x relieved entirely. This was one month ago; no return of symptoms yet. Probably the baby by and by.

These cases were successes because the drug administered was homœopathic to the condition. They are not given because there is anything new, original or smart about them, but because they are verification of the old law: *similia, similibus curantur*—the law as old as nature itself, but first fully recognized by Hahnemann, and which is, of necessity, the watchword of every successful homœopath.

Failure, in curable cases (and every one has them more or less), is not from failure of the homœopathic law, but a lack of knowledge in applying it.

A. J. WOODRUFF, M.D.

M. BERGEON, who has been experimenting in the use of rectal injections in the treatment of phthisis, believes that he has obtained beneficial results from the injection of sulphurous gas.

"A current of four to five litres of carbonic acid gas was passed through from half a pint to a pint of sulphurous water, which was then introduced into the intestines, the injections being given twice daily. His results, as claimed in a communication to the French Academy of Medicine, are as follows:

"(1.) After some days, a diminution, amounting almost to suppression, of the cough.

"(2.) A profound modification of the quantity and quality of the expectoration.

"(3.) A suppression of the sweating and a gradual disappearance of the moist rales.

"(4.) An improvement in the general condition, both in early stages and in confirmed phthisis."

We have seen the night sweats of phthisis well controlled by the presence in the room (near the bed) of a large vessel of water—a tub or large basin of water under the bed.

Amaurosis from Tobacco.

DR. A. D. WILLIAMS reports (St. Louis *Medical Journal*) the case of a blacksmith, aged thirty-two, who complained of failure of vision to such an extent that he could no longer see to drive nails in shoeing, and was compelled to depend upon his sense of feeling. His health was good, he having no other complaint. Vision was found to be only one-sixth of what it should be. Things appeared to him to be covered with a dense mist. For many years he had been an excessive smoker, using the strongest tobacco to be had. According to Dr. Williams, tobacco amaurosis is quite common, but usually in men beyond middle life.

PROF. SMITH has often been disappointed in the use of Kali bichrom when prescribed for cases presenting the characteristic ropy expectoration but lacking the *thick yellow coating* at the base of the tongue.

College Notes.

HOW is Julia?

SHINE, white man?

WHAT did he die of, Professor?

Is a motion to adjourn always in order?

GENTLEMEN, I will now recapitulate—

MR. PRESIDENT, I rise to a point of order.

DID you ever hear about a mastoid process?

CHASE seems to be long on Gynæcology, but short on kidney.

SHALL the library be a circulating library, or one for reference only?

WHAT has become of "Martino"? We all miss his "leading questions."

THE question of high potency versus low potency is still warmly discussed.

MR. P. tells us there are two kinds of hemorrhages, viz.: Natural and Artificial.

PROFESSOR HELMUTH will deliver his Sunday lecture some time after the holidays.

PROF. BLACKMAN says that the pisiform bone is just about the size of a good, large pea.

THE dose of poison, viz., the examination in Toxicology, is postponed until after the holidays.

NINE lectures in Practice a week! Think of that, Middlemen, and be happy while you may.

DR. GEORGE S. NORTON is to be our lecturer on Ophthalmology for the remaining part of the year.

EVERY one was glad to see Prof. Moffat back again, and all were not sorry when he omitted the quiz.

HOYT AND ENGELHARDT, '89, are exercising fatherly care over new offsprings, namely, a boy and a girl.

If you don't know how to spell opisthotonos, ask Professor Shelton, and get him to draw the picture for you.

THEY say that Moriarty and Allen will graduate during the Christmas holidays if they can be examined.

JENKINS'S latest song, banjo accompaniment, "Empty is the Ut'rus, Baby's Gone." Poor J. was one week too late.

L. S. BROWN, '79, of Plymouth, Penn., is here with several others to attend the alumni lecture by Professor R. Ludlam.

THE singing of the quartette at the last meeting of the Hahnemannian was much enjoyed by all. Dr. Kellogg is a decided acquisition.

WATTS AND FAY will probably stay in their present rooms until Christmas. They will commence paying board after they come back.

QUIZ MASTER: Of what is the Medulla Oblongata made up, Mr. S., will you tell us? Mr. S.: Cerebrum, cerebellum and pons varolii.

OUR genial business manager made a move the other day. He said there was a sick patient across the way, and that was the reason he was so quiet about it.

AH! my noble Senior, why this steady, unceasing stalking through the halls; hath much learning made thee mad; or doth thou long for the rolling Texan prairie.

THE Freshmen are being cheated of their Hygiene this year. They never will know where to send their consumptive patients, nor the adulterations of butter.

WHEN the professor spoke of the gastro-epiploica dextra artery, some of the Freshmen looked a little blank. Such things were never dreamed of in their philosophy.

THERE is something wrong with Sawyer. He looks haggard and worn, and he wears a hat—well, words can't describe it; but there is something quaintly picturesque about it.

THE autopsy held by Professor White was highly interesting and instructive, especially the various tests to ascertain the fact of death. All the boys wanted to handle the knife.

WE are pleased to learn that Dr. Chester Mayer, a graduate of our college with the class of '81, has recently been appointed by the Governor of Kentucky as a member of the State Board of Health.

By the death of Professor Liebold, the chair of Ophthalmology was left vacant, and is now filled by a distinguished specialist, who received much of his special training under the supervision of his predecessor.

WE wish the readers of THE CHIRONIAN and all members of the alumni would be more liberal and send material to fill the columns of our college paper. Also money is an important item to keep "the thing moving."

IT is with great pleasure we announce the marriage of Dr. W. D. Babcock, '85, to Miss M. Emma Buell, of East Hampton, Conn. The doctor and his bride have the hearty congratulations of his many friends.

THE last class that visited the Asylum at Middletown seems to have made a decided impression on some of the fair lunatics; but the *sane* maiden on the boat did n't impress so readily and some one "got left."

SAT ON.

B.—(Very hilarious on entrance of Professor.)

Prof.: Sir, describe to me the foetal placenta?

B.: You have floored me this time.

Prof.: That is what I expected to do.

WHISKERS.

THE hair and the whiskers which our boys try to grow,
Is like a field in the country after the first fall of snow,
To people at large, old men they would seem,
Oh! there's nothing like whiskers to cover the green.

DR. GEO. S. NORTON, the successor of the late Professor Liebold, in his opening lecture December 15, paid an eloquent tribute to his former associate, teacher and friend.

If the opening lecture is a fair index of those which are to follow, we predict an interesting and profitable course. Prof. Norton's reception was a characteristic and hearty one.

AFTER the Christmas holidays a course of six lectures on Electricity and Electro-Medical Therapeutics will be delivered by Dr. J. T. O'Connor, formerly Professor of Chemistry and Toxicology in our college. The Professor, who is so well known as the Editor of the *Homœopathic Recorder*, is sure to do the subject of electricity ample justice, as he has made this branch of medical science a special study for more than ten years.

THE thanks of the medical students of the city are due to the Young Men's Christian Association for the pleasant entertainment afforded them on Friday evening, the 26th November.

Music, a gymnasium class drill, speeches and refreshments constituted the programme of the evening.

The tables in the parlors were spread with volumes of rare and elegantly illustrated works.

Upwards of three hundred aspirants for medical honors were present, and were delighted to learn that "Medicine is the divine art of letting a man alone," or, in other words, of "finding out the matter and letting the matter come out."

This seemed to us a much better way than that formerly employed, namely, of finding the man's life blood and letting that out.

The lofty mission of the medical man to

"help and to heal" was dwelt upon by one of the speakers, and Dr. St. John Roosa considered the desirability of other qualifications than merely those of professional skill.

AMYL NITRITE is said to have proved effectual as an antidote in a case of opium poisoning. Two ounces of laudanum had been taken. The amyl nitrite was given by inhalation, belladonna having proved inefficacious.

THE sales of *The Century Magazine* have gone up over 30,000 copies in six weeks, since beginning the Life of Lincoln. A second edition of December will be issued on the 15th. A veteran New York publisher predicts that the permanent edition of the magazine will go beyond 300,000 before the completion of the Lincoln history. The January installment, which is said by the editors to be of most surpassing interest, occupies thirty pages of the magazine, and treats of Mr. Lincoln's settlement in Springfield; his practice of law in that city; the Harrison campaign; Lincoln's marriage; his friendship with the Speeds of Kentucky; the Shields duel; and the campaign of 1844. The illustrations are numerous, including portraits of Joshua Speed and wife, of Mrs. Lucy G. Speed, Milton Hay, President Harrison, General Shields, William A. Herndon (the law partner of Mr. Lincoln), and Mr. Lincoln himself, from the photograph presented by him to Mrs. Lucy G. Speed in 1861. Pictures are given of the house where Lincoln was married, also the house where he lived after his marriage, etc., etc.

Book Notices.

Key-Notes to the Materia Medica. By HENRY N. GUERNSEY, M.D. Hahnemann Publishing House, Phila.

THIS little work must commend itself at once to the student and busy practitioner. No student can afford to be without it, and the physician will gladly welcome such a small, compact work, in which the prominent and *reliable* symptoms of each drug can be so readily found.

It is well named "Key-Notes," for the characteristics of each remedy are not buried in a mass

of vague or unreliable symptoms, nor yet has clear understanding been sacrificed to brevity.

In addition to the "key-notes" of 196 remedies, it contains a *Repertory* whose value is assured by the fact that it is the result of the experience and confirmation of Bönninghausen, Dunham, and Guernsey, in turn.

We congratulate the profession on the accession of another gem to an already rich literature, and predict its rapid sale.

The Physician's Visiting List for 1887. Philadelphia: P. Blakiston, Son & Co.

THIS is a remarkably well gotten up visiting list, both as to compactness and binding, as well as to the many valuable points of information which it contains. Some of its most noticeable and valuable features are a List of Poisons and Antidotes, Dose Tables, rewritten in accordance with the Sixth Revision of U. S. Pharmacopœia, Marshall Hall's Ready Method in Asphyxia, Lists of New Remedies and Sylvester's Method for Producing Artificial Respiration, with Illustrations. New and valuable additions are Disinfectants and Disinfecting, and Examination of Urine, prepared by Judson Daland, M.D., and based upon Prof. Tyson's "Hand-book for Practical Examination of Urine."

Taken altogether, it makes an excellent Visiting List.

Pamphlets Received.

"CAUSES of Failure in the Treatment of Urethral Strictures by Electrolysis." By Robert Newman, M.D. "The Surgery of the Pancreas as based upon Experiments and Clinical Researches." By N. Senn, M.D.

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